STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 1.1-A MEDICAL ASSISTANCE PROGRAM

Sta	te of ALASKA	
ATTORNEY	GENERAL'S CERTIFICATION	
I certify	that:	
th	e Department of Health & Social Services	is the
sing	gle State agency responsible for:	
	administering the plan.	
	The legal authority under which the agency administer the plan on a Statewide basis is	rs
	AS 47.07.040 (statutory citation)	
	supervising the administration of the plan by local political subdivisions.	
	The legal authority under which the agency supervises the administration of the plan on a Statewide basis i contained in	
	(statutory citation)	-
	The agency's legal authority to make rules and regulathat are binding on the political subdivisions admining the plan is	
	(statutory citation)	
Janua DATE	Signature  Date REC'D.  SUB. #	DATE TO D. C.  4-15-4  DATE TO STATE